

SUMMER FOOD SERVICE PROGRAM LETTER TO PARENTS

Dear Parent/Guardian:

Providing nutritious meals to children is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the federal cash reimbursement provided by the Summer Food Service Program (SFSP). The reimbursements allow us to provide better service to children.

To assist our program in receiving these funds, please complete, sign, and return the attached confidential Eligibility Form for Camps and Enrolled Sites as soon as possible. Instructions for completing the eligibility information are on the reverse side of the form.

The chart below is used to determine the child's/site's eligibility to receive SFSP meals. If the child's household income is at or below the dollar amounts in the chart, the child is eligible to receive SFSP meals. Sponsors of closed-enrolled sites may receive reimbursement for serving meals to all children in attendance if 50 percent are eligible. Sponsors of residential camp sites may only receive reimbursement for children whose income falls within the eligibility guidelines.

Income Eligibility Guidelines Effective July 1, 2002 to June 30, 2003

<u>FAMILY SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>
1	\$16,391	\$1,366	\$316
2	22,089	1,841	425
3	27,787	2,316	535
4	33,485	2,791	644
5	39,183	3,266	754
6	44,881	3,741	864
7	50,579	4,215	973
8	56,277	4,690	1,083
For each additional family member add:	+ 5,698	+ 475	+ 110

You will need the following information to complete the form:

- The total current household income for each household member, and how often it is received;
- The names of all household members;
- The social security number of an adult household member or the person signing the application. (If this person does not have a social security number, write "none" or "0" next to their name.); and
- Your signature.

Thank you for your cooperation.

Signature of Authorized Official	Title	Date
Site Name/Session Number		

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 1 - CHILD'S NAME: _____

PART 2A - HOUSEHOLDS NOW RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKS), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS, WORKFORCE INVESTMENT ACT (WIA) PROGRAM, OR KINSHIP GUARDIAN ASSISTANCE PAYMENT (KIN-GAP) PROGRAM: fill in one of the boxes below and complete PART 3 - **DO NOT COMPLETE PART 2B.**

Food Stamp Number	CalWORKs Number	FDPIR Number	WIA Information	KIN-GAP Information
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PART 2B - ALL OTHER HOUSEHOLDS: Complete this part and sign the statement in PART 3 only if you do not receive food stamps, CalWORKs, FDPIR benefits, WIA program, or KIN-GAP, and did not complete PART 2A.

NAMES		CURRENT INCOME / FREQUENCY							
Names of all household members (participating child, parents, siblings and any other persons living in household)	Check for each participating child	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____	7. _____	7. _____	7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____	8. _____	8. _____	8. _____	8. _____	8. _____	8. _____

PART 2C - FOSTER CHILD: Complete this part and sign the statement in PART 3. If the child listed in PART 1 is a foster child, check here ☐. Write the child's income and how often it is received: \$_____ per _____ (week, month, or year).

PART 3 - SIGNATURE: An adult household member must complete and sign this section before the application can be approved.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is provided for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Printed Name	Social Security Number (write "none" if N/A)
Address	City, State, and Zip Code	
Day Telephone Number	Evening Telephone Number	Date

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 4 - RACIAL/ETHNIC IDENTITY: This section is optional. This information is for statistical purposes only. Check the box below to indicate the child's racial/ethnic category.

RACIAL	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
ETHNIC	<input type="checkbox"/> Hispanic or Latino Origin		<input type="checkbox"/> Not of Hispanic or Latino Origin		

*Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamp, CalWORKS, FDPIR, WIA, or KIN-GAP information is provided, you must include the social security number of the adult household member signing the application or an indication that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have such number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

In accordance with state and federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, or religion. Not all prohibited areas apply to all programs.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and telecommunication device for the deaf). USDA is an equal opportunity provider and employer.

DO NOT WRITE IN THE SHADED AREA FOR INSTITUTION USE ONLY

Monthly Income Conversion Weekly X 4.33 Every Two Weeks X 2.15 Twice a Month X 2	Household Size	Total Household Monthly Income \$	Not Eligible <input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Household Size/Income Eligible <input type="checkbox"/>
Authorized Representative			Date

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES INSTRUCTIONS

Complete the Eligibility Form for Camps and Enrolled Sites using the instructions below. Sign the form and return it to the sponsoring organization. If you need assistance, call the sponsor at _____.

PART 1 - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART.

- (1) Print the name of participant.

PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKS), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS BENEFITS (FDPIR), PARTICIPATE IN THE WORKFORCE INVESTMENT ACT (WIA), OR KINSHIP GUARDIANSHIP ASSISTANCE PAYMENTS (KIN-GAP):

- (1) List your current Food Stamp case number, CalWORKs identification number, FDPIR identification number, WIA information, or KIN-GAP information. Complete PART 3. (Do not complete PART 2B).

PART 2B - ALL OTHER HOUSEHOLDS:

- (1) Write the names of everyone in your household, including the participating children.
- (2) Place a check mark (✓) on the appropriate line next to each child that is participating in this program.
- (3) Write the amount and the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member. This income is the amount before taxes or anything else is taken out. Specify the source of the income in the appropriate column such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any income amount last month was more or less than usual, write that person's usual income.
- (4) An adult household member must sign and provide their social security number in PART 3. (See PART 3 below for exceptions.)

PART 2C - FOSTER CHILD: COMPLETE THIS PART and PART 3.

- (1) Write in the foster child's personal income. Write "0" if the foster child does not receive personal use income.
- (2) A foster parent or other official representing the child must sign the form.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: AN ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS SECTION.

- (1) All eligibility forms must have the signature of an adult household member.
- (2) The adult household member who signs the application must include their social security number, unless they completed part 2A, or

they do not have a social security number. If they do not have a social security number, they must write "none" or "0."

PART 4 - RACIAL/ETHNIC IDENTITY: YOU ARE NOT REQUIRED TO ANSWER THIS QUESTION TO RECEIVE MEAL BENEFITS.

DEFINITION OF INCOME

Income for Summer Food Service Program purposes is defined as income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following:

- (1) Monetary compensation for services, including wages, salary, commissions, or fees;
- (2) Net income from nonfarm self-employment;
- (3) Net income from farm self-employment;
- (4) Social Security;
- (5) Dividends or interest on savings or bonds, income; from estates or trusts, or net rental income;
- (6) Public assistance or welfare payments;
- (7) Unemployment compensations;
- (8) Government civilian employee, or military retirement, or pensions or veteran's payments;
- (9) Private pensions or annuities;
- (10) Alimony or child support payments;
- (11) Regular contributions from persons not living in the household;
- (12) Net royalties; and/or
- (13) Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources, which would be available to pay price of a child's meal.

NOTE: Income does not include benefits received from any federal program, which is excluded from consideration as income by any legislative prohibition; for instance, income received by volunteers for services performed in the National Older American Volunteer Program.